



**State of New Hampshire**  
**DEPARTMENT OF ENVIRONMENTAL SERVICES**  
**Subsurface Systems Bureau**  
29 Hazen Drive, PO Box 95, Concord, NH 03302-0095  
**603-271-3501**  
**Fax 603-271-6683**



**Application for Permit**  
**DESIGNER OF SUBSURFACE DISPOSAL SYSTEM**

As provided for under RSA 485-A:35 (Chapter 339, Laws of 1989)

INSTRUCTIONS: Please type or print in ink.  
Answer all questions.

PERMITS ARE NON-TRANSFERABLE

**1. GENERAL INFORMATION**

A. Date \_\_\_\_\_, 20\_\_\_\_ P.E.

B. Name in full \_\_\_\_\_  
Last First Name Middle I.

C. Social Security Number \_\_\_\_\_

D. Place of Birth \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Yr.

Attach unmounted  
recognizable photograph in  
this space with face not more  
than 1 inch or less than 3/4  
inches wide.

(Photograph taken not more  
than six months prior to  
filing application is  
required).

E. Mailing Address (No. & Street) \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_ Tel. \_\_\_\_\_

F. Business Address (No. & Street) \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_ Tel. \_\_\_\_\_

G. Do you hold an equivalent permit from another state? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give name of issuing authority, date of issue and enclose proof  
\_\_\_\_\_

H. Approximately how many hours per week do you devote to obtaining the data and the designing of sewage disposal systems? \_\_\_\_\_

**2. REFERENCES AS TO QUALIFICATIONS**

Applicant will give the name and address of at least three persons, unrelated to him/her, having knowledge of the applicant's technical background and relevant qualifications (include local officials where possible).

Name: Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. EDUCATION

Name and Location of Schools Attended	Years From To	Date Graduated	Course	Degrees or Certificate Rec'd

4. The Permittee, by this application, agrees to obtain all on-site data and perform all design work in accordance with the provisions of RSA 485-a or local code, whichever is more stringent and to secure written certification from the Board of Selectmen or equivalent that *all* pertinent local requirements have been met.

5. AFFIDAVIT, STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_ being duly sworn says that he/she is the person who is referred to in this application; that the statements herein contained are true in every aspect and that he/she has complied with and will continue to comply with all requirements of law.

Sworn to before me this \_\_\_\_\_

(Signature of Applicant)

(Seal)s/ \_\_\_\_\_

(Person Administering Oath)

### 6. APPLICATION FEE

Make check, postal money order, or express money order payable to the TREASURER, STATE OF NEW HAMPSHIRE. **DO NOT SEND CASH!**

It is important that the Division be notified immediately upon change of address.

Application fee is \$40.00. Permits begin January 1st, and expire December 31st, of each year. Annual renewal fee is \$40.00. If not renewed by December 31st, new application (and exam) will be required.

7. Use this space for any additional information or for continuation of answers to previous questions (refer to question by number).

(USE ADDITIONAL SHEETS IF NECESSARY)

**THE DIVISION MAY REVOKE THIS PERMIT AT ANY TIME FOR JUST CAUSE**